EHR in Private Medical Practice Teleconference Meeting Minutes

Monday, July 18, 2005 (2PM – 3:30PM)

ATTENDEES:

Greg Walton – Subcommittee #2 Chair
Aneesh Chopra
Carolyn Bagley
Kippy Cassell
John Dreyzehner, M.D.
Carol Pugh, Pharm. D.
Dave Austin
John Kenyon
Liza Steele
Gail Thompson ("interested party" representing Kaiser Permanente)

PRELIMINARIES:

1. Pilot proposals from 3 Subcommittee members (Greg Walton, Carolyn Bagley and Carol Pugh) were received.
2. Mr. Cassell mentioned not having received a July 5 or June 30 email; Dave Austin will forward those to him. There was a problem with his e-mail address but it was sorted out.
3. Gail Thompson, representing Kaiser Permanente, joined the meeting.

FIRST ORDER OF BUSINESS:

1. The June 27 Meeting Minutes were reviewed. Clarifications were made from the Chair.
2. Dave asked that any other corrections to minutes be emailed to him. He will make the corrections and e-mail the minutes.
3. Dave confirmed that ListServ has been distributed only once; Dave and John will have an update on the Web page and ListServ when meeting with the other subcommittees' staff on Tuesday, July 19.

AGENDA:

A. The Florida Report

1. Discussion of obstacles:
   1.1. Lack of infrastructure to exchange info;
   1.2. Lack of providers.

B. The Overall 'Vision'

1. *What is Our Vision?* Issue of what the vision is 'for what we're doing here' came up. Is it about 'providers working with the Commonwealth,' per se, or something else, such as the technical ability to exchange info? Or is the goal larger: "health improvement"? Greg asked for consensus/agreement on what the vision is. Dave will seek guidance from the lead staff. Development of the Vision from subcommittees is a factor, though. The Vision could be derived from the process of defining where Virginia wants be on EHR instead of a top down directive.

2. *What is a starting place?* It was suggested that a starting place, from the standpoint of tax payers, patients, the governor, and state legislators, might be to start by focusing on types of care that the state is funding and making sure standards are in place and information around that patient population is being shared within the commonwealth to the improvement of care and efficiency.

3. *What can the Florida report contribute to our vision?* Good concepts in the FL report: Vision concept is critical. What kind of project evaluation criteria is the state of Florida using?

4. *What we're doing:* Strategic recommendations will be part of the subcommittees' report to the governor. Pilot project recommendations will be a way to flush out issues so that projects can be viewed in terms of strategic recommendations. A Subcommittee # 2 objective is to propose private medical practice pilot projects to the full Task Force. Discussion of pilot projects being proposed ahead of the vision being clarified being an instance of 'putting the cart before the horse.' Reason for projects at this early stage is to help push dialogue.

C. Overview/Review of Issues

1. What's our vision?

2. Committee chairs: What is a reasonable number of pilot projects to propose?

3. How should projects be evaluated? (This is an issue for the Chair, according to one meeting attendee.)

D. Miscellaneous Points

1. Definition of providers, as goes competition for revenue, was clarified to include insurers, hospitals, etc.

2. Goal for 7/22/05 was reiterated: First cut project recommendations, and project proposals are due.

3. Key issues missing from discussion thus far according to one attendee: What % of physicians in the commonwealth have EHR? What is the depth of quality of each of those EHR rollouts? How many physicians have electronic medical record or health record systems, and how much of that is transferable to other enterprises? If these are

the 3 big, defining issues, then establishing that might help which of the pilots go after which of them.

4. Can we reach out to the I.T. community in the commonwealth that could come up with a solution? -- The Chair's pilot evaluation criteria is technology neutral and at this point isn't a vendor solution, a homegrown solution, etc., but the criteria does stress "national standards."

E. Discussion of Potential Pilots: A state wide EHR initiative should involve the Commonwealth's safety net providers, which include the 61 sites operated by Virginia's 50 Free Clinics. In a nutshell, this would be a beta test of EHR software in a variety of demographic and geographic practice sites. Another proposal represented a concept to expand EHR in Community Health Centers (CHCs). CHCs are 501c(3) organizations. The Community Health Centers developed a practice management system about 15 years ago. Its Ehealth Project Team is conducting requirements analysis for a new one. A pilot project related to the Ehealth Project is proposed. The Chair and other members of the Subcommittee in related discussion pursued issues that have implications for the current task of coming up with pilot project proposals: Privacy/security, treatment options, benchmark criteria, the need for infrastructure for sharing of information across different systems. An effective system is defined as one that includes everyone who could be involved in the care of a given individual. Question was raised: What is the incentive for providers like four-person practices way out in some of VA's smaller, rural towns? Recommendations for addressing incentives appears in the Chair's pilot proposal (items 1 and 2 in the July 15, 2005 Pilot Projects DRAFT document.) Those include a 7-year budget neutral program of incentives and the coordination of all long-term state transactions exchanged under a published plan using the highest amounts of standard technologies, linking financial incentives and disincentives to the migration away from paper and towards data information exchange standards or state-adopted formats.

F. Encouraging Provider Participation

The issue of how to get doctor groups involved in EHRs was raised. One reason some providers have not done it so far is because of money. Beneficiaries of doctors getting these systems are the doctors' employers and the insurance companies. Suggestion was made that maybe they should participate in underwriting the transition to EHR. Number one driver for those 4-physician offices will be the 7-year budget neutral incentive program described in the paragraph above. Looking to the state for some potential funding is not unreasonable.

G. The Process

1. Start honing the pilot project proposal documents
2. Go through proposals; find out how many can be submitted
3. Between now and August 2, continue to generate new ideas, issues and answers
4. Continue to view proposals as a kind of dialogue

H. Final Comments

1. Kippy brought up the issue that he does not know what private practices have done about HIPAA. (His area is privacy/security.) Staff will assist with current state information and assist in research after today's meeting. Dave will put Kippy in touch with Diane Horvath at VITA. Subcommittee # 4 is looking at privacy and security and issues involving the governance, policy, and legal implications of EHR.

2. Issue was raised to give subcommittee chairs a heads-up with where things are headed, even before August 2.

3. Recurring theme of meeting: What is the vision here?